

# REMEMBER

“Remember who we are , where we’ve been and,  
how far we need to go!”

## Bear Lake 5k Walk/Run for Cancer



**Proceeds will go to the  
Huntsman Cancer Foundation**

### JUNE 19th

**8 AM Registration - 9 AM Walk/Run Begins**

**Public Parking lot on 50 South and 1st West**

**Registration Fee: \$30 All Donations are Welcome!**

**First 500 Are Guaranteed a Shirt!**

**\*\*Log on to [bearlake.org](http://bearlake.org) for HOT DEAL PACKAGES**

Register by mailing in the completed entry form. You may also Email it to  
[info@bearlakechamber.com](mailto:info@bearlakechamber.com).

\*Log on to [Bearlake.org](http://Bearlake.org) (calendar of events) or [www.gardencityut.us](http://www.gardencityut.us) for registration form. One entry form is required for each paid participant.

Complete the entry form, sign the waiver, enclose your check or money order made payable to: **Huntsman Cancer Foundation**

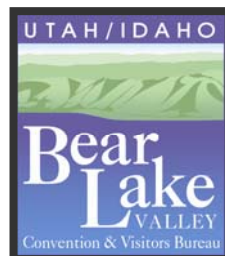
**Mail Registration Form and check to:**

**P.O. Box 55**

**Garden City Ut 84028**

\*\*\*Call Jessica Ward for more  
information: 435-946-8413

**Sponsored By:**



# REMEMBER **Bear Lake 5k Walk/Run For Cancer**

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## GENERAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: F M

Home Phone: ( \_\_\_\_\_ ) Cell Phone: ( \_\_\_\_\_ )

Emergency Contact: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Nearly all event communications will come via e-mail, so providing a valid e-mail address is crucial.

T-Shirt Size: S M L XL 2XL 3XL 4XL

## You Must Sign The Waiver

Remember The Bear Lake Walk for Cancer Release and Indemnification

Remember: The Bear Lake Walk for Cancer - an activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation in the Start! Heart Walk and related activities.

It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments, and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this event and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue.

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, the American Heart Association, Inc., its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities - whether it results from the negligence of any of the above or from any other cause.

This release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this Agreement.

If Participant is a minor, the parent or guardian must agree to the below:

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and Participant to its terms.

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant and or Parent or Guardian

\_\_\_\_\_  
Date